



PERMIT CREDIT/REFUND/ADJUSTMENT/CANCELLATION FORM

The amount of Credit/Refund issued is calculated on the fee paid for each permit. Mecklenburg County will retain cost of plan review, permit processing, to date inspections and administrative fees.

Permits that DO NOT include plan review:

- If no work has begun an amount equal to the current minimum permit fee will be retained by Mecklenburg County
- If work has begun an amount equal to the current minimum permit fee plus an additional \$90 for each inspection will be retained by Mecklenburg County.

Permits that include plan review:

- If no work has begun, an amount equal to the plan review costs or the current minimum permit fee, whichever is greater, will be retained by Mecklenburg County.
- If work has begun, an amount equal to the plan review costs or the current minimum permit fee, whichever is greater, an additional \$90 for each inspection will be retained by Mecklenburg County.

Additional conditions:

- No credit or refund will be approved for minimum charge permit fees ([LUESA Fee Ordinance](#)).
- Credit/Refund applications must be submitted within 120 days of permit expiration.
- Credit/Refund not applicable for fees or charges shown under [LUESA Fee Ordinance](#).
- Credit/Refund not applicable for City of Charlotte Zoning or Fire Review fees.
- All credit/refunds are issued to the permit holder unless proof of payment provided.
- Transfer of credits from one account to another will not be made.
- A change of general contractor on a specific project requires a new permit application by the NEW general contractor.

Form Submittal:

MAIL: Mecklenburg County LUESA
Inspection Coordinator
2145 Suttle Ave.
Charlotte, NC 28208

FAX: 866-851-3645*

EMAIL: PermitCancel@MecklenburgCountyNC.gov*
(NOTE: Electronic AND fax permit cancellations must be notarized)

IN PERSON: Code Enforcement/Revenue Collection, 2145 Suttle Ave

**Please allow 5-10 business days for permit processing and
4-6 weeks for processing credit/refund**

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY

CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions.

GAX-LUE- _____

CREDIT

☐

REFUND

☐

CANCEL

☐

1. Property Owner's name: _____ 2. Permit #: _____

3. Permit Address: _____ 4. Fire Fee #: _____

5. Account Name: _____ 6. Account #: _____

7. If Refund, Check payable to: _____ 8. Phone #: _____

9. Mailing Address: _____

Reason for Request

☐

Plan Change

☐

Not doing work

☐

Return credit balance

☐

Wrong Contractor

☐

Duplicate permit

☐

Other

Reason (explain in detail-application may be rejected without complete details)

Signature (**Requestor**): _____ Print name: _____

Fax #: _____ Phone #: _____ Date: _____

Staff signature for in-person verification: _____ (**or accept notary below**)

ID used for in-person verification: _____ (examples: DL #, Business card, Student ID, etc...)

State of North Carolina

County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

Notary Public Signature

My commission expires: _____

(Seal)

Manager/Supervisor approval (**signature**): _____ Date: _____

Notes: _____

Address _____ For Department use only GAX-LUE- _____

Permit # _____

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B	M	E	P
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials _____ Date _____

Plan Review

of Hours _____ X Rate _____ = \$ _____

Processing Notes:

Expired Permit

Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee

- Less Zoning Fee

-Plan review

(Total Hours X Rate)

-Inspection Info

(# of Insp. X Rate)

Misc Fees deductions

-Homeowner Recovery

-Other Deduction

-Other Deduction

Total Credit/Refund

☐ Minimum Fee retained

(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

Calculation Signature _____

Date _____

Supervisor/Manager Signature _____

Date _____

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry-

Correct Entry-

Initials

Date

Reason:

Supervisor/Manager Signature _____

Date _____

Verification (to be completed by Revenue Collections)

If Refund

If Refund with Credit Balance

If Credit-Trans #

Serv Chg Cr

Verification

Posting Date

Org/Account [8 _ 03 = 0]

8 _ 03=0 9004=\$
Refund Charge to account

88 ---

\$
88116

Initials & Date

In Navision

APPROVALS (To Be Completed By Department And Finance Representatives)

Dept Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: S R C

Rev Coll. Distribution Date

Rev. Coll. Tracking #